

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Suffolk County Sheriff's Department
House of Correction
Boston, Massachusetts

October 7-9, 2019

Visiting Committee Members

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ACA Auditor

Sharon Curry
ACA Auditor

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Suffolk County Sheriff's Department House of Correction

A. Introduction

The audit of the Suffolk County Sheriff's Department House of Correction was conducted on October 7-9, 2019, by the following team: Bonnie O'Brien, Chairperson; Sharon Curry, Member; and Randy Cross, Member.

B. Facility Demographics

Rated Capacity:	1748
Actual Population:	874 (777 males, 97 females)
Average Daily Population for the last 12 months:	868
Average Length of Stay:	89 days
Security/Custody Level:	Maximum/Max, Med, Community Service
Age Range of Offenders:	18-81
Gender:	Male/Female
Full-Time Staff:	656
15 Administrative, 76 Support, 53 Program, 512 Security, * Other (Medical)	
Vacancies:	none reported
Part-time:	1 - Administration; 13 - Programs

C. Facility Description

The Suffolk County House of Correction is situated at 20 Bradston Street, Boston, Massachusetts, 02118. The facility is also accredited with the National Commission of Correctional Health Care and certified with the Prison Rape Elimination Act.

The current operational capacity is reported as 2000. The current population is 874. The facility houses male and female adults, and adult ICE detainees. There was a renovation completed in 2016 when the Culinary Arts Vocational Kitchen was established.

All staff to the facility must clear a metal detector, pass their property through an x-ray machine and, when warranted, be subject to a hand wand for clearance. Visitors must also clear through the same process after exchanging a personal picture identification for a visitor's badge and a fluorescent hand stamp.

The Suffolk County House of Correction was built in 1990 with maximum security level features. There are 674 cells, 32 housing units, and 1892 beds. All levels of custody are retained within. The buildings all face inward so that the back walls of the buildings create the perimeter. Housing units consist of single cells, double cells, and multiple occupancy dorms.

Seven buildings surround common courtyards. The courtyards are enclosed within chain-link fencing. The most central courtyard has two full-sized painted basketball courts, a walking lane, and benches and pull-up bars for calisthenics and other approved physical fitness routines. A raised-container garden at one end of the courtyards is used to grow flowers and vegetables.

There are housing units of various levels and program initiatives, to include housing for ICE detainees. With the population below rated capacity, a couple of the housing units were closed. At the time of this audit it was announced that the ICE detainees were to be removed within the next 60 days. Females from the Framingham Correctional Institution are to be brought over to Suffolk County.

There is a sally port at the rear of the complex by Building Seven that controls vehicular entrance into the facility perimeter. Eligible staff can park within that perimeter. Inmate and detainee movement is orchestrated through a separate sally port located in Building Six.

The Suffolk County Sheriff's Department Mission Statement is:

- I. The Department's mission is to enforce the laws of the Commonwealth and to serve and protect the citizens of Suffolk County.
- II. The Department is dedicated to strengthening public safety through corrections and providing specialized support services to all criminal justice agencies.
- III. The Sheriff is committed to maintaining the safe and secure custody and control of inmates while offering extensive rehabilitation opportunities to effectively reduce offender recidivism."

Additionally, the Suffolk County Sheriff's Department operates under a Mandate, an Agenda, and a Diversity Mission Statement:

Mandate:

The Suffolk County Sheriff's Department is mandated to ensure and enhance public safety for the citizens of Boston, Chelsea, Revere and Winthrop. Suffolk County Sheriff Steven W. Tompkins oversees the Suffolk County Jail, the House of Correction, and the Suffolk County Community Corrections Center. The efforts of the operations and custody staff at all Sheriff's Department facilities remain committed to the needs and changes of offender populations, rehabilitation and reentry services.

Agenda:

The Sheriff's Department is mandated to enforce the laws of the Commonwealth and to serve and protect the citizens of Suffolk County. We accomplish this mission by:

- Maintaining safe and secure custody and control of inmates and pre-trial detainees;
- Enhancing public safety by seeking ways to effectively reduce offender recidivism;
- To meet the challenges presented by this obligation, we must set goals that inform and improve our relationship with both the public and each other.

External goal: To enforce the laws of the Commonwealth and to serve and protect the citizens of Suffolk County by:

- Meeting and exceeding state and national corrections standards for all Department operations;

- Becoming an accessible public resource by identifying shared goals between the Sheriff's Department and Suffolk County's communities and working to achieve them.

Internal goal: To build a strong, united, professional organization dedicated to achieving the external goal by:

- Providing consistent, high-quality training and support for all staff;
- Making merit-based promotions based upon objective evaluation of exemplary job performance;
- Increasing diversity and appreciation for its internal and external benefit to the Department.

Diversity Mission Statement:

Understanding the need for diversity in the workplace and the essential role it plays in our ability to serve the public interest is a priority for the Suffolk County Sheriff's Department. The process by which we learn to appreciate the value of internal diversity and its external impact on the communities we serve should be driven by one guiding principle: Our differences are also our strengths.

D. Pre-Audit Meeting

The team met on October 6, 2019, in Boston, AM, to discuss the information provided by the Association staff and the officials from Suffolk County Sheriff's Department House of Correction.

The chairperson divided standards into the following groups:

Standards #4-ALDF-4A-01 to 4D-28 to Bonnie O'Brien, Chair

Standards #4-ALDF-5A-01 to 7F-07 to Sharon Curry, Member

Standards #4-ALDF-1A-01 to 3A-02 to Randy Cross, Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by Brian Reynolds, Captain of Support Services and the Facility ACA Accreditation Manager.

2. Entrance Interview

There was no formal meeting with the Sheriff or the Superintendent, although both did stop in to meet with the audit team during the audit process.

The audit team was escorted to the Upper Administration Conference Room where the formal entry meeting was held.

The team expressed the appreciation of the Association for the opportunity to be involved with Suffolk County House of Correction in the accreditation process. The audit team briefly shared their corrections and accreditation experience. The following persons were in attendance:

Richard McCarthy, Assistant Superintendent
William Sweeney, Assistant Superintendent
Zezhina Mitchell, Major
Brian Reynolds, Captain
Jennifer Phat, Assistant Director of Human Resources
Peter Perroncello, Jail Consultant

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 9:30 a.m. to 3:00 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Brian Reynolds, Captain
Jennifer Phat, Assistant Director of Human Resources
Eugene McCarthy, Corporal, Key and Tool Control Officer
John Fallon, Environmental Health & Safety Officer, Fire Safety

Facility notices were posted throughout the facility.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

The perimeter is maintained by patrol and camera observation. Entrance into the facility is through an approved visitation list as a processed visitor or staff, all of whom are required to present their belongings for search and x-ray while they pass through a metal detector, which must be cleared in order to proceed.

There are 68 exterior cameras and 462 interior cameras that are monitored throughout the day. In addition, the camera activity is recorded and retained for a minimum of 90 days.

Keys are secured onto ring via crimping. Keys are issued primarily from Central Control with tracking done via chits and a logbook. There are strategically located key boxes where some of the keys are withdrawn and recorded electronically. Emergency equipment is issued and accounted for from Central Control. A spot inventory was conducted with no discrepancies in either keys or equipment found.

Clearing barrels and gun lockers are in place in the vehicular sally port as well as in the armory.

The facility conducts six formal counts daily. Inmates are required to wear their state-issued identification cards whenever they leave their cells. Color-coded inmate/detainee uniforms permit staff to readily identify the classification level of each offender.

The canine unit is comprised of four German Shepherds and one Labrador Retriever. Each dog has its own handler. Three of the Shepherds and the Lab are used for patrol and narcotics. The fourth Shepherd is used for narcotics only. All training records for the dogs and handlers was available and credentialing was current. The veterinary records of each dog were reviewed and revealed that all dogs are in good health and have been properly vaccinated and treated for parasite prevention.

The audit team members were impressed with the thoroughness of the security staff during an observed, unscheduled housing unit search for weapons. The search was successful as the contraband weapons were found. In addition, the professionalism and post knowledge that was displayed by security staff was indicative of the successful training and departmental pride that the staff are the recipients of.

Environmental Conditions:

The facility was found to be of proper temperature, smoke/tobacco-free, compliant with all lighting/noise/air circulation levels requirements and plumbing code standards. The light/noise/air circulation levels were tested by Capt. William Buckley and Sgt. Shane Cassidy of the Middlesex Sheriff's Office within the past 12 months. The in-house temperatures are raised/lowered to acceptable comfort levels with an HVAC system. The buildings all appeared to be in proper repair with preventative maintenance plans in place. There is separate and adequate space for mechanical and electrical equipment.

The potable water is provided by the City of Boston. MA Water Resources Authority conducted annual testing in 2018 and provided satisfactory test results.

Personal hygiene items are provided upon admission and as needed through request to the housing officer. Volunteer barbers provide haircuts in their housing unit.

The single-occupancy cells are within the stated size for unencumbered space. The multiple-occupancy cells, however, do not meet the unencumbered space. All cells provide sleeping surfaces at least 12 inches off the floor with writing surfaces, seating and storage. Access to natural light is provided in each room. There are dayrooms immediately adjacent to the inmate sleeping areas.

There are banks of pay phones in each housing unit that the inmates and detainees have daily access to. Incoming mail is processed daily (Monday through Friday, exclusive of legal holidays) and delivered on the evening shift. Indigent individuals are provided up to three stamped envelopes and writing paper each week. Outgoing mail is processed and delivered to the U.S post office Monday through Saturday.

Sanitation:

There are personal housekeeping plans in place for cells, dorms, dayrooms, showers, and bathroom facility areas. Inspections are conducted by the area officers daily, then by the area supervisors weekly. The Environmental Health and Safety Office will conduct monthly inspections to ensure compliance. Annual inspections are conducted by the Massachusetts Department of Public health, with the most recent inspection having been conducted on March 20-21, 2019. Noted deficiencies were properly addressed.

Disposal of liquid, solid and hazardous materials is through contracts with Containerized Waste Disposal Services (trash), Baker Commodities (kitchen grease), Safety Kleen System (waste oil), and Stericycle (biohazard). MD Weaver Corporation provides weekly pest services.

All cleaning products were found to be properly accounted for and stored in locations that were readily available to the inmates for cleaning details. Barbicide, or its equivalent, is used on the barbering equipment between individual uses by the voluntary barbers on the units. Recycling measures are in place and being followed.

Most of the facility was “surface clean” but there was very obvious buildup of wet dirt and wax under doors, behind doors, and along the edges of the floors where they met the walls. Many of the walls and doors needed a good washing as were certain items in the kitchen area. The program areas did present better than the housing units and food service.

Fire Safety:

The Boston Fire Department is the jurisdictional authority that is responsible for the fire safety codes, fire alarm and automatic detection system.

A fire alarm and sprinkler suppression system are equipped throughout the facility buildings. The enunciator panel is in Central Control. The fire extinguishers are serviced by Rustic Fire Prevention (fire suppression). The fire alarms are serviced by the American Service Company, Inc. A comprehensive fire/safety annual inspection was conducted by the Boston Fire Department on January 10, 2019. Documentation supports that purchases of mattresses and fabric items meet fire safety requirements.

Emergency plans are reviewed annually and certified. Their last review was on 3/6/19. Exits are clear from obstruction and are distinctly and permanently marked. There are visual and audio alerts for emergency evacuation.

There are four generators that receive preventive maintenance by EM Generator. These generators are tested as recommended.

It was noted that the chemicals and flammables were properly, and separately, stored and inventoried. Safety Data Sheets were readily available. Inmates are only provided diluted chemicals for use.

It was observed in some housing units that inmates were being allowed to block the bottoms of their cell doors with clothing and Styrofoam cups to possibly block drafts. Concern is given to any fire safety factor.

Food Service:

A contract vendor, Summit, manages the operation of food service at Suffolk County HOC through the supervision of Food Service Director, Dan Bentley. The department employees and inmate workers prepare the food. The cyclic menu is reviewed by a registered dietician for nutritional value with an average daily intake of 2,600 to 2,800 calories. No pork is served at Suffolk County HOC. Special diets for medical reasons can be authorized from the attending physician or dentist. Religious diet requests must be approved by the respective chaplain and authorized by the Assistant Deputy Superintendent of Program Services. The meals are served at 7:00 a.m., 12:00 p.m. and 5:00 p.m. All meals are delivered to the housing units where general population will eat in their dayrooms and any restricted status (segregation and/or disciplinary) individuals will eat in their cells.

Immediately prior to the audit the dishwashing machine became inoperable. Due to this, meals were being transferred to the housing units in Styrofoam containers after they had been staged on a flatbed dolly. Concern about the meal temperatures was shared with the facility staff, who emphasized that the use of the Styrofoam trays was temporary until the dishwashing machine was again usable and the reusable temperature saving trays could be used. Meal temperatures are reported to be checked prior to delivery to the units; the meal temperatures are not checked prior to serving in the housing units.

As of two weeks following the audit, it was reported that the dishwashing machine was still inoperable, and the use of the Styrofoam trays continued.

The food preparation area is of adequate size. Food storage areas are temperature-controlled with logbooks revealing proper temperature ranges. There are daily and weekly inspections of all food service areas. The water temperatures and sanitizer levels are checked and recorded daily. Equipment safety procedures are followed, with training to inmate workers documented. Inmates must be cleared by medical prior to assignment to the food service area. All inmates are then evaluated daily for health and proper personal hygiene.

Staff may eat in the staff dining room at no cost. The auditors did sample some meals from the inmate tray line and found that, while some trays did not conform to the menu as some items were missing from random meal trays, the meals themselves were acceptable.

The auditors remained in the kitchen area for some time observing the inmate workers handwashing the pots, pans, and utensils. What was witnessed was inappropriate cleaning of the food preparation items. One inmate worker was asked to place his beard net on. He did so, but inappropriately so that it was not effective. This same inmate worker was responsible for the improper cleaning practices. The matter was brought to the attention of staff. As a result, all the kitchen pots, pans, and utensils in the entire kitchen were reportedly re-washed in the proper manner.

Medical Care:

The medical unit was well organized and maintained with a high level of sanitation. The medical staff had diverse experience integrated into the correctional health care setting. Staff was also responsive, knowledgeable and eager to share information. Established protocols were in place for care, infection control and an active continuous quality improvement program. The medical unit provides release planning for continuity of care when the patient is released.

Building 6 houses health services. The building hosts medical, dental and mental health care. The complex is roomy and efficiently organized. The medical section consists of four exam/triage rooms, a pharmacy, a nurses' station, records area, a dialysis area, two isolation rooms and various offices. There is no infirmary, but the facility has a 41-bed medical observation-housing unit. The complex also has security desks for the medical housing and the clinic. All areas of the medical services department were clean and displayed a high level of sanitation.

NaphCare provides medical care. Medical staffing includes: a Health Services Administrator, a Director of Nursing, a Medical Director, a Staff Physician, Nurse Practitioners on the day and evening shifts, a Nurse Supervisor, an After Care Coordinator, a part-time Optometrist, ten RNs, 12 LPNs, a Certified Medical Assistant, a Phlebotomist, an Administrative Assistant.

Two Records Clerks, a Physical Therapist and two Discharge Planners. Annual TB tests are provided for staff and hepatitis vaccines are offered upon employment. The working relationship with medical, security and facility administrative staff appeared to be seamless.

New inmates to the facility receive a medical and mental health screening during the booking process by a nurse. These new arrivals are informed how to access health care during the booking process. A comprehensive health appraisal is completed within two to three days of arrival. This exceeds the standard of 14-days. Referrals are made to a provider when necessary.

“Patients in housing units access health care by a written request deposited in a locked box in each housing unit. Nursing staff that passes medications to the units picks up the requests twice daily. These requests are triaged when picked up to screen for any condition that might require urgent care. Non-urgent conditions are scheduled within 24 hours. Non-urgent patients are normally seen within 48 hours. It was noted that the facility sees a rather high number of sick call requests.

Boston EMS transports patients in the need of emergent hospitalization to Boston Medical Center. Most of the physical therapy treatment is done on site.

X-rays are handled on site three days a week and results are normally received the next day. MRI's and CT Scans are done off site and results are normally received within 24 to 48 hours. STAT results are available if required. Lab specimens are drawn on site five days a week. Results are received within 24 to 48 hours. Again, STAT results can be received, if required.

Medications are ordered from the State Office of Pharmacy Services. Carts are used to deliver medications to patients in their housing unit. These carts are stored in the pharmacy in the medical unit.

Nurses deliver the medications to each housing unit. There is security support throughout the medication process. The nurse verifies the patients' ID card and checks to ensure the medication has been swallowed. There are a few over-the-counter medications available for purchase through the commissary. Patients are normally not allowed Keep-On-Person medications.

A review of narcotic medication inventories was conducted during the audit. The inventory counts were accurate, and documentation was complete and consistent. A random inventory review was also conducted for sharps, needles, syringes and tools. These items are inventoried with an electronic system which provided outstanding simplicity and documentation. This inventory was also found to be accurate.

The medical staff provides chronic care clinic as needed for their patients. Patient education is provided at chronic care visits as well as during sick call encounters.

There were three patients in the facility receiving dialysis at the time of the audit. A member of the audit team had the opportunity to meet the nephrologist while at the facility. Medical Records are in an electronic format. The system appeared user friendly and efficient. The system also tracks medication administration.

Medical staff trains for a response to medical emergencies within four-minutes. Staff responded to one such emergency during the audit. There are first aid kits and AEDs located in designated areas throughout the facility. These are checked on a regular schedule by designated security staff.

The medical department has an active Continuous Quality Improvement program. The program sets benchmarks and reviews those points of reference for patient care. Infectious diseases are tracked and monitored. A trained nurse oversees infection control and reporting data is collected. Nursing staff closely monitors any patient with an infectious disease and a negative pressure room is available if needed. There are infection control quarterly meetings with security and administrative staff.

Medical provides annual TB testing for everyone housed in the facility. Hazardous waste is stored in appropriate containers throughout the medical area. There is a contract in place for regular scheduled disposal of hazardous waste.

There was a review of health care outcomes with the Health Services Administrator and the Regional Medical Coordinator. Staff turnover was slightly higher than expected, but they felt as if the situation had stabilized. There was a greater number of sick call encounters normally seen in a facility of this population. This could be due to the transient nature of the population and that the facility does not charge a co-pay for medical services.

There were two unexpected deaths during the audit period. Both patients had a chronic condition, but neither was symptomatic.

The dental suite contains a room with one chair and a room for storage and sterilization. Two dentists and a dental assistant staff the dental area. The clinic operates Monday through Saturday. Restorative, extractions, and preventative care are provided to the patients. Patients access dental care through the sick call process. The normal wait time to be seen is two weeks.

The dental assistant maintains the clinic's schedule, cleanliness and accountability of instruments with counts before starting to work in the morning and finishing for the day. A review of the inventories for sharps and instruments was conducted during the audit. The inventories were accurate, and the recordkeeping was meticulous.

Dental staff utilizes universal precautions and needed supplies are available. An autoclave is used for sterilization. Weekly spore counts are completed, and records are maintained.

The mental health unit is housed adjacent to the medical unit. It contains the offices for mental health staffers. Staffing includes a Mental Health Director, seven Mental Health Clinicians, one fulltime and one part-time Discharge Planners, a part-time Psychiatrist and a part-time Nurse Practitioner.

The unit provides the following mental health care: Crisis Intervention, Individual counseling, Individual treatment plans, Groups, Substance Abuse and Dual diagnosis.

A nurse assigned to the booking area does an initial mental health screening on all new arrivals. Mental Health Clinicians do a comprehensive mental health assessment on the new arrivals within three days of the booking. This exceeds the standard that requires completion within 14 days.

Patients access mental health care through the sick call process. Patients are seen within two to three days after submitting a request or being referred by a staff member. Mental health emergencies after hours are handled by nursing staff. Nursing staff will confer with an on call mental health clinician.

Suicidal patients are housed in the medical observation unit. Patients are supplied with a suicide shroud and mattress as needed. Mental health clinicians determine appropriate observation levels. Security staff provides constant observation, if required. Mental Health Clinicians make daily rounds in the special housing unit.

The mental health unit carries a patient load of 75 to 100, at any particular time. Of these, about 70% are on psychotropic medications. A provider evaluates patients on psychotropic medications at least every 90 days. Mental health staff, in conjunction with medical staff, provide discharge planning for continuity of care once the patient is released.

Recreation:

The general population housing units have television, cards, and board games available within the day rooms. Outdoor recreation and gym times are scheduled per unit.

Religious Programming:

The three chaplains (one Catholic, one Muslim, and one Protestant) schedule for religious services allows chaplains and volunteer ministers the opportunities for all inmates and detainees to maintain their religious affiliations.

Pastoral counseling by outside clergy is allowed upon proper authorization. Inmates and detainees can possess approved religious articles within the stated property limits.

Suffolk County HOC has both a chapel and a mosque. Both are appropriately staged. The chapel is a shared space for several denominations.

There are 73 registered religious volunteers who are instrumental in allowing the inmates and detainees maintain contact with their religious affiliation.

Offender Work Programs:

Inmates may earn good time deductions of up to ten days per month. These days are taken off sentenced time. These credits are earned by inmates who are participating in work program.

All individuals are expected to keep their assigned housing clean and to maintain personal hygiene. The work details are voluntary and depend on housing and classification. Some of the work details provide the opportunity to earn good time deductions while others offer paid compensation. Those not under a mandatory sentence can receive both pay and Earned Good Time. Both earnings are awarded monthly.

Eligible inmate workers begin their work history by working in the kitchen.

Academic and Vocational Education:

Like the work programs, sentenced inmates may earn up to ten days per month off their sentenced time by participating in education programs. There is no monetary compensation for participating in educational programs. Participation is determined by caseworkers based on identified needs.

The HOC educational programs are operated under the Massachusetts Department of Education. Inmates are tested upon entry for placement assessment. Academic classes offered include: Adult Basic Education, English as a Second Language, Title I (for 17-21-year-olds), SPED (pre-GED and GED classes for under 22 years of age), GED, Psychology, Adult Diploma Program (Boston's public high school. Diploma), and Freedom from Violence. In 2018 there were 37 GED/HS diplomas achieved last year.

Some of the available skill-based training programs for the male inmates and detainees are: Basic Keyboarding/Computer Literacy (ten weeks, 30 hours), Desktop Publishing Program, and Graphic Technology Program (eight weeks, 80 hours – includes web design, screen printing, and print shop), Urban Farm – seasonal Monday through Friday, usually three hours a day, Basic Auto 101 (nine weeks, 72 hours), Small Engine Repair (nine weeks, 72 hours), Small Engine Repair (six weeks, 24 hours) Tailoring (22 weeks, 198 hours), and Food Sanitation/ServSafe seven weeks, 21 hours).

Food Service Sanitation Certificate Program provides instruction in regulations for sanitation (ten-week program, 120 hours). The National Institute of Food Service Industry certificate is awarded upon passing an examination.

The Common Ground Institute (CGI) provides instruction in carpentry, landscaping, gardening, roofing, building maintenance, painting, OSHA-30, Financial Planning. OSHA-certified cards are presented after successful completion of an examination. This five-week program typically precedes transfer to the Community Works Program where an additional five weeks of crew work is performed. Job counselors are then available to assist the participants locate and keep a job.

There are currently no waiting lists for either academic or vocational programming.

It was a pleasure to tour the educational areas as the students were observed to be attentive to their instructors. The classrooms were well-lit, organized, and furnished with appropriate learning spaces and materials.

Social Services:

Caseworkers are assigned to assist the inmates and detainees on developing their Individual Service Plan (ISP) with their mandatory and recommended programs. This ISP will address needs for substance abuse, anger management, parenting, education, life skills, job readiness, and mental health issues. Post-release programs and comprehensive discharge plans are also coordinated by the caseworkers.

There is a community substance abuse treatment program in which participants may earn up to ten days of good time for satisfactory participation. This program includes individual and group meetings, therapy and counseling. Non-community substance abuse options include Twelve-Step, Narcotics Anonymous, Alcoholics Anonymous, Alanon, and Latino Recovery. The men also have violence prevention programming available.

Specific to the female treatment groups, there is a three-phase Basic Core Program available.

They start with a one-day orientation, followed by a two-week daily psycho-educational workshop that addresses recovery, re-entry (life skills and job skills), domestic violence and anger management, then placement into programs that include recovery and relapse prevention, parenting, trauma, anger management, domestic violence, GED, Pre-GED and ESL, Freedom from Violence, dual diagnosis and re-entry. Some classes build on the previous basic classes.

Inmates and detainees can spend up to \$85.00 per week on canteen items. Anyone in Administrative segregation are limited to a \$20.00 spending limit. Canteen orders are filled by an outside vendor.

Visitation:

Inmates and detainees are provided with visitor selection cards on which they may name up to three adult visitors. Each visitor must complete an application and pass a criminal record check. Visitors are approved for six months, after which time the inmates/detainees may change their visitor selection. All visits are by appointment only. One visit per visiting day is allowed. Special visits by legal representatives, clergy, or social service agencies do not count as a regular visit. There is space for contact and non-contact visits in each housing building.

Library Services:

The librarian holds a Master's in Library Science. General population inmates can visit the general library Monday through Friday during scheduled times. Books are delivered to the ICE detainee units, segregation units, female units, and medical housing. The library also has daily and weekly newspaper subscriptions, magazine subscriptions, and law books.

A law library is available for use. ICE detainees housed in Building 8 have access to a computer law library in each unit during out-of-cell times. Additional needs may be requested through the Inmate Legal Services (ILS) staff.

General population inmates can attend "no appointment needed" notary service sessions provided by ILS staff on Fridays. All others need to send written requests for notary services to ILS.

The library was well-stocked, clean, and organized with plenty of natural light and suitable seating.

Laundry:

Most housing units have a washer and a dryer for washing whites. All other state issued clothing, linens, and blankets are washed in the central laundry in accordance with a set schedule.

The central laundry was very clean and appeared well-managed. There were four commercial washers and four commercial dryers, all of which are maintained by an outside vendor per purchase contract.

F. Examination of Records

Following the facility tour, the team proceeded to the Administration Conference Room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees or class action lawsuits. The following lawsuit was settled in 2019, which may be an adverse judgment.

“Callahan v. Suffolk County Sheriff’s Department, et al is a wrongful death/ civil rights lawsuit filed in 2015 by the parents of a young man who died while incarcerated at the House of Correction. The decedent was beaten to death on December 2, 2012 by his cellmate, Lesley Jurczuk, who was later convicted of manslaughter and sentenced to 18 -20 years.

“There was evidence that the fight lasted for several minutes and that during that time, the unit officer was standing within 20 feet of the cell. The plaintiffs developed evidence that the officer could or should have heard the sounds of the fight, but he did not intervene. The case settled earlier this year.”

2. Significant Incidents/Outcome Measures

A review of the Significant Incidents Summary showed values within the expected ranges. The escape reported in August 2018 occurred when a female inmate left from an outside hospital. She was apprehended within the week. The sexual violence matter was handled by PREA. There was one suicide in December 2018 as the result of a hanging. The assaults between offenders and by offenders on staff were significantly reduced from the prior reporting period. The current number of assaults are not excessive for a county jail.

There were several items on the Outcome Measures that had criteria on a much larger scale than what is usually reported. One of those is 1A-6, being 684 sanitation or health code violations identified by external agencies in the past 12 months. The facility response to this number is as follows:

“The violations listed were only from the Department of Public Health (D.P.H.) Inspection Report. As I mentioned, it is a semi-annual inspection that occurs in the spring and the fall.

The violations vary but are mostly housekeeping issues that are resolved with unit cleaning or maintenance issues that are resolved through work order submissions. Here are a few examples from the 2019 report:

- Unit 1-10-3
- 105 CMR 451.321* Cell Size: Inadequate floor space in all cells
- Cells
- 105 CMR 451.353* Interior Maintenance: Floor paint damaged in cell # 2, 5, and 6
- 105 CMR 451.353* Interior Maintenance: Ceiling water damaged in cell # 6
- 105 CMR 451.103 Mattresses: Mattress damaged in cell # 6
- Shower 105 CMR 451.123
- Maintenance: Ceiling vent dusty
- 105 CMR 451.123* Maintenance: Soap scum on walls
- Caseworker's Office No Violations Noted"

To be noted is the fact that 642 of those noted violations are reported to have been corrected.

Additional items from the Outcome Care Measures that were discussed with the facility were:

1A-1 – The three workers comp claims due to physical environmental issues, to wit: “stairs, water leak, wet floor”.

1A-4 – The nine physical injuries requiring treatment as a result of the physical environment were: “a control board fell, water leak, ice, elevator, pallet, chemical cage, grease, stairs, wet floor”.

1A-11 – Of the 29 inmate injuries, 28 of those occurred in food service (minor burns (heat, not fire-related), cuts). There was one incidence where an inmate got paint in his eye.

1A-14 – There is one reported inmate lawsuit that was found favorable to the inmate, the basis of which was a safety issue. This is explained in the Significant Incident Summary paragraph above.

1B-1 – Three different staff were involved in separate vehicle accidents.

2A-1 – There were 79 incidents that resulted in harm.

2A-4 – There were 50 physical injuries/emotional traumas requiring treatment as a result of the 79 incidents.

3A-2 – The reported number of assaults, 260, is significantly higher than the 21 offender/offender assaults reported on the Significant Incident Summary.

The facility staff are looking at the way data is collected and reported by various staff members in the hopes of gaining consistency with the categorizing of data.

6B-3 – There appears to be a high number of favorable grievances (174 of the 1017 reported grievances). These grievances involve 15 different areas of the facility.

7B-2 – There were 50 staff departures categorized as resignations, transfers, and retirements.

7C-1 – There were 29 staff violations of facility policies. The most common violations were “possession of a cell phone, refusing a draft, failure to do rounds, unprofessional conduct on social media, sleeping on duty, off-duty conduct, and leaving assigned posts”.

7C-2 - The two staff terminations were due to one individual cheating on the entrance exam (discovered on first day of employment) and the other for sick time abuse.

7C-3 – The 17 substantiated inmate grievances regarding improper staff conduct were reported as: “using proper pronouns, giving hygiene products to [female] inmates, working/tardiness for a program, unprofessional behavior, caseworker issue seen one a week, caseworker issue helping with paperwork”.

7E-1 – There were seven upheld staff grievances (out of 13 filed). Those related to receiving a one-day suspension (reduced to a written warning), denial of overtime in error (affected staff received the missed pay), new union leadership objected to the past practice of permitting staff to serve temporarily in a higher grade for longer than 90 days while the promotional process was underway, discipline due to improper sick note (discipline removed with agreement that any future incidents would be disciplined), and there was one matter related to job picks that the nature of resolution was not reported to the auditor.

For 7D-5, Suffolk County House of Correction had developed five goals and accomplished four of those. They were:

1. Implement a program unit that will concentrate on psychoeducational training and decision making.
2. Increase the clergy department as well as offer more religious education for the inmates
3. To have all Caseworkers facilitating some type of group
4. To connect more inmates to education by way of referrals
5. To increase the communication and collaboration between the various departments.

All of these objectives were met except #3.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Revisited</u>	<u>Person(s) Contacted</u>
Medical	Elnora Harris, Registered Nurse Dep. Tavares Dep. Jo Flores Carolyn Spada, Registered Nurse, Mental Health Cindylou Lyons, Health Services Administrator Lisa Keegan, Nurse Practitioner Katie O’Sullivan, Physical Therapist Mary Forte, Registered Nurse Sam Thomas, Registered Nurse Janel Lilly, Medical Records

4. Shifts

a. Day Shift (7:00 a.m. to 3:00 p.m.)

The team was present at the facility during the day shift from 8:00 a.m. to 3:00 p.m. The facility was toured, staff and inmates were interviewed, and files were reviewed. The team members were very satisfied with the level of security and the professionalism displayed by all staff.

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Entry – Front Lobby	Julie Bickford, Officer Nichole MacNeil, Officer David Hernandez, Captain
Upper Administration	Ashley Long, Receptionist
Shift Commander Office	Thomas Gorman, Captain
Female Property Room	Jennifer Lynch, Officer
Booking	Christopher Page, Lieutenant
Property	William Gubnitsky, Officer
New Man Unit #1-6-2	Antonio Jones, Officer Christian Monteiro, Officer

Oasis Unit #1-6-1	Sabat Tejeda, Officer Ruth Barbosa, Officer
Education	Scott Sinclair, Sergeant
Unit #3-1	Regina William, Sergeant Israel Bracho, Officer
Unit #3-2	Shaunett Fitzpatrick, Sergeant Anthony Rosati, Officer
Unit #4-2	John Wescott, Officer
Unit #4-3	unit currently closed
Unit #4-1	Steven Richman, Corporal
Kitchen	Brian Stack, Sergeant Brian Caterino, Chef Kevin Lei, Officer Robert Rodrigues, Officer
Dry Storage/Loading Dock	Daniel Raymond, Sergeant
Bldg #7 Vehicle Trap	Daniel Kelly, Officer Michael Phelps, Officer John Roberts, Officer
Fleet Service	Leo Boudreau, Officer
Commissary	Daniel Hickey, Lieutenant
Bldg #4 Yard	Gregory Stone, Mechanical Engineer
Common Ground Inst.	David Granese, Captain
Maintenance	Mark Salvucci, Officer Gregory Rector, Officer Joseph Ristino, Officer Antonio Colon, Officer Daniel Cutter, Officer
Unit #8-1	Robert Carey, Officer
Unit #8-2	Mary Holton, Captain
Unit #8-3	Kerry Lyons, Officer

	Kenny Yi, Officer
Unit #8-4	Domenic Festa, Officer Edward Simpkins, Officer
Visitation	
Chapel	
Mosque Clinic	Frank Burgess, Officer Alexis Thornton, Officer Cindylou Lyons, Health Services Adminis. Lisa Keegan, Registered Nurse Brittany Dolcius, Registered Nurse
Mental Health Unit	Robert Svizzero, Sergeant Sandra Cosby, Officer
Shift Commander Officer	Christopher Summers, Captain
Roll Call	
Bldg #1 – 7 th Floor	
Classification	Zezhina Mitchell, Major
Unit #1-5-1	Kenny Yi, Officer Christopher Kelley, Officer
Unit #1	Avianne Philbert, Officer
Unit #1-4-2	Daniel Evans, Officer
Education	Shimon Soferr, Teacher
D-Boards (Disciplinary)	Matthew Batchelder, Officer Richard Centola, Lieutenant
Bldg #1 Capt's Office	Jason McGrane, Captain
Bldg #1 Supv's Office	Joseph McLaughlin, Sergeant John Winnett, Sergeant Michael Coakley, Lieutenant
Unit #1-3-2	Brian Lopez, Officer

	Anthony Diaz, Officer
Sally Port	Russell Roberts, Investigator
Canteen	Jodi Lieberman, Officer
Bldg #3 Lobby	Jim Dizio, Director of Education
Unit #3-4	Joshua Ziegra, Officer Willem Scheele, Officer Christina Chaney, Sergeant
Unit #3-3	Angel Lopez, Sergeant Allison Crowley, Officer
Laundry	Robert Debole, Sergeant
Video Court	
Unit #1-10-2	Nate Davis, Officer
Unit #1-9-1	Katie Beradi, Officer
Unit #1-8-1	Dave Kitterick, Officer
Unit #1-5-2	Derrick Trainor, Officer
Unit #1-4-1	Hector Ruiz, Officer Chris Gillespie, Officer
Unit #1-3-1	Thomas McCauley, Officer Nevin Cruz, Officer
Medical	Deonna McKay, Admin. Assistant Jaime Daly, Director of Nursing Beatrice Burns, Nurse Practitioner Emily Feeley, Nephrologist
Upper Administration	Rachelle Villarson, Assist. Dir. of H.R. Allen Forbes, General Counsel Carol Bianchino, Project Coordinator
Financial Services	David Moy, Sr. Admin. Analyst Melissa Elow, Sr. Adm. Assist. Karen Devitt, Admin. Analyst Trish Lee, Bookkeeper

Albia Bondar, Admin. Analyst
 Julie Olmedo, Admin. Analyst
 Charles Donovan, Assist. Director
 Daniel Martini, Chief Financial Officer

I.T. David He, Chief Network Engineer
 Annie Mui, Programmer

Personnel Donald Cassidy, Assist. Director of H.R.
 Kimberly Sims, H.R. Coordinator

b. Evening Shift (3:00 p.m. to 11:00 p.m.)

The team was present at the facility during the evening shift from 3:00 p.m. to 8:00 p.m. Audit members attended the roll call (line up) was held 15 minutes prior to shift in order that the oncoming staff could be advised of the day's events.

<u>Department Visited</u>	<u>Person(s) Contacted</u>
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c. Night Shift (11:00 p.m. to 7:00 a.m.)

The team was present at the facility during the night shift from 5:40 a.m. to 7:00 a.m. The roll call (line up) was held 15 minutes prior to shift in order that the oncoming staff could be advised of the day's events.

<u>Department Visited</u>	<u>Person(s) Contacted</u>
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Perimeter	Ivory Jones, Officer
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Central Operations	Eugene McCarthy, Corporal
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Armory	Eugene McCarthy, Corporal
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Operations	Stephen Fucillo, Sergeant Jennifer Jackson, Officer Timothy Rollins, Officer
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Community Works	Mark Loud, Officer
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Female Program Area	toured during non-program hours
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Unit #1-11-2	John McMillen, Officer
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Female Contact Visits	
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Unit #1-10-1, #1-10-3	Chelsea Powell, Officer
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Unit #1-9-2

John Wescott, Officer

Unit #1-8-2

Ryan Dorgan, Officer

5. Status of Previously Non-compliant Standards/Plans of Action

Standard #4-ALDF-1A-10 remains non-compliant due to the inability to change the physical structure. (Cost prohibitive)

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

Approximately 65 inmate/detainee interviews were conducted through the audit. While there were some concerns presented, they were not anything that was contraindicative of the positive programming and operation of the Suffolk County House of Correction. All concerns were shared with the facility staff as they were management issues (meals, transfers, disciplinary procedures, etc.) No inmate or detainee expressed any concern for safety, rather they all acknowledged that they felt safe, were provided proper hygiene products and the time to clean both body and environment, received meals according to the stated menu, knew how to access health care, were aware of or had used the grievance system, and were benefactors of visits as approved. Several of the inmates/detainees confirmed their participation in fire drills.

2. Staff Interviews

Over 100 staff members were interacted with during the tour and audit of Suffolk County HOC. Staff were able to define their duties, explain actions to be taken during emergencies, verified participation in routine fire drills, show compliance with post order reviews, and demonstrated professional interaction with the inmate and detainee population.

H. Exit Discussion

The exit interview was held at 12:00 p.m. in the Administration Conference Room with the Superintendent and nine staff in attendance.

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facility, 4 th Edition	
Supplement	2016 Standards Supplement	
Facility/Program	Suffolk County Sheriff's Department House of Correction	
Audit Dates	October 7-9, 2019	
Auditor(s)	B. O'Brien, Chair S. Curry, R. Cross, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	60	323
Number Not Applicable	0	16
Number Applicable	60	307
Number Non-Compliance	0	1
Number in Compliance	59	306
Percentage (%) of Compliance	100	99.67
<ul style="list-style-type: none"> • Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable • Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance • Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Suffolk County Sheriff's Department
House of Correction
Boston, Massachusetts

October 7-9, 2019

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-ALDF-1A-10

MULTIPLE-OCCUPANCY ROOMS/CELLS HOUSE BETWEEN TWO AND 64 OCCUPANTS AND PROVIDE 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. WHEN CONFINEMENT EXCEEDS 10 HOURS PER DAY, AT LEAST 35 SQUARE FEET OF UNENCUMBERED SPACE IS PROVIDED FOR EACH OCCUPANT.

FINDINGS:

The housing areas at Suffolk County Sheriff's Department House of Correction do not meet the minimum 25-square feet of unencumbered space per occupant requirement. The square footage ranges from 15 square feet to 43 square feet.

FACILITY RESPONSE:

Waiver Request

The Suffolk County sheriff's Department's House of Correction was constructed in 1990 to comply with 3rd Edition A.L.D.F. standards. Since the time it was built, substantial population variations have occurred in the facility. Subsequently, double bunking has occurred in inmate housing with the exception of Special Management cells. Unless there is a substantial population decrease or the Department is successful in funding new construction, the House of Correction cannot meet the multi-occupancy unencumbered space requirement of this standard.

AUDITOR'S RESPONSE:

This waiver is supported by the auditor. The population at the current time is far less than the rated capacity, so there is no crowding or shortage of space.

The inmates have plenty of space both within their housing units and program areas. There were no complaints by any of the inmates regarding feeling crowded or not having enough space.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Suffolk County Sheriff's Department
House of Correction
Boston, Massachusetts

October 7-9, 2019

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ALDF-2A-36

INMATES PARTICIPATING IN WORK OR EDUCATIONAL RELEASE PROGRAMS ARE SEPARATED FROM INMATES IN THE GENERAL POPULATION.

FINDINGS:

The facility does not participate in a work or educational release program.

Standard #4-ALDF-2A-38

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT, OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR OR HIS/HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

The facility does not house youthful offenders.

Standard #4-ALDF-2A-39

DIRECT SUPERVISION IS EMPLOYED IN THE SPECIALIZED UNIT TO ENSURE THE SAFETY AND SECURITY OF YOUTHFUL OFFENDERS.

FINDINGS:

The facility does not house youthful offenders.

Standard #4-ALDF-2A-40

CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS:

The facility does not house youthful offenders.

Standard #4-ALDF-2A-41

ADEQUATE PROGRAM SPACE IS PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDERS AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP ORIENTED ACTIVITIES.

FINDINGS:

The facility does not house youthful offenders.

Standard #4-ALDF-2A-42

YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT FOR YOUTHFUL INMATES HAVE NO MORE THAN INCIDENTAL SIGHT OR SOUND CONTACT WITH ADULT INMATES FROM OUTSIDE THE UNIT IN LIVING, PROGRAM, DINING, OR OTHER COMMON AREAS OF THE FACILITY. ANY OTHER SIGHT OR SOUND CONTACT IS MINIMIZED, BRIEF, AND IN CONFORMANCE WITH APPLICABLE LEGAL REQUIREMENTS.

FINDINGS:

The facility does not house youthful offenders.

Standard #4-ALDF-2A-43

PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS ARE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF WHO ARE RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. TRAINING INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING
- RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDINGS:

The facility does not house youthful offenders.

Standard #4-ALDF-4C-09

IF INFIRMARY CARE IS PROVIDED ONSITE, IT INCLUDES, AT A MINIMUM, THE FOLLOWING:

- DEFINITION OF THE SCOPE OF INFIRMARY CARE SERVICES AVAILABLE
- A PHYSICIAN ON CALL OR AVAILABLE 24 HOURS PER DAY

- HEALTH CARE PERSONNEL HAVE ACCESS TO A PHYSICIAN OR A REGISTERED NURSE AND ARE ON DUTY 24 HOURS PER DAY WHEN PATIENTS ARE PRESENT
- ALL INMATES/PATIENTS ARE WITHIN SIGHT OR SOUND OF A STAFF MEMBER
- AN INFIRMARY CARE MANUAL THAT INCLUDES NURSING CARE PROCEDURES
- AN INFIRMARY RECORD THAT IS A SEPARATE AND DISTINCT SECTION OF THE COMPLETE MEDICAL RECORD
- COMPLIANCE WITH APPLICABLE STATE STATUTES AND LOCAL LICENSING REQUIREMENTS

FINDINGS:

The facility does not have an infirmary.

Standard #4-ALDF-5B-14

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICE OR OTHER RELEASE PROGRAMS, ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION.

FINDINGS:

The facility does not operate a pre-trial intervention.

Standard #4-ALDF-5B-15

WHEN A PRETRIAL INTERVENTION PROGRAM, DIVERSION PROGRAM, PRETRIAL RELEASE PROGRAM, OR SUPERVISED RELEASE PROGRAM IS CONDUCTED IN THE FACILITY, SUFFICIENT STAFF, SPACE, AND EQUIPMENT ARE PROVIDED TO SERVICE THE PROGRAM.

FINDINGS:

The facility does not operate a pre-trial intervention program, diversion program, pretrial release program, or supervised release program.

Standard #4-ALDF-5B-16

WHERE TEMPORARY RELEASE PROGRAMS EXIST, THE PROGRAMS HAVE THE FOLLOWING ELEMENTS:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES

- WRITTEN RULES OF INMATE CONDUCT
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDINGS:

There is no temporary release program at this facility.

Standard #4-ALDF-5B-17

WHERE WORK RELEASE AND/OR EDUCATIONAL RELEASE ARE AUTHORIZED, THE FACILITY ADMINISTRATOR HAS AUTHORITY TO APPROVE OR DISAPPROVE PARTICIPATION FOR EACH INMATE.

FINDINGS:

There are no authorized work or educational release programs at this facility.

Standard #4-ALDF-5C-13

WHERE AN INDUSTRIES PROGRAM EXISTS, ITS ESTABLISHMENT IS AUTHORIZED AND AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY ARE DELINEATED.

FINDINGS:

There is no industries program at this facility.

Standard #4-ALDF-5C-14

THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEETS THE REALISTIC WORKLOAD NEEDS OF EACH OPERATING UNIT.

FINDINGS: There is no industry operations at this facility.

Standard #4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS:

There is no industries program/comprehensive quality control process at this facility.

Standard #4-ALDF-5C-16

A COST ACCOUNTING SYSTEM FOR EACH INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS:

There is no industries program/cost accounting system at this facility.

Significant Incident Summary
This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: **Suffolk County Sheriff's Department House of Correction**
Reporting Period: January – December 2018

Incident Type	Months →	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total for Reporting Period
Escapes		0	0	0	0	0	0	0	1	0	0	0	0	1
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	1	0	0	1
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	1	2	3	2	3	1	1	1	2	2	2	1	21
	Offender/Staff	1	0	1	0	1	0	1	0	0	0	2	1	7
Suicide		0	0	0	0	0	0	0	0	0	0	0	1	1
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

*May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.

Name of Facility Suffolk County Sheriff's Department House of Correction

Date: September 2018 – August 2019

Number of Months Data Collected 12

		ALDF Outcome Measure Worksheet		
1A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from injury and illness caused by the physical environment.		
	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months.	3	
	divided by	Average number of Full-Time Equivalent (FTE) staff positions in the past 12 months.	650	.0046
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	866	0
	(3)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months.	0	
	divided by	The number of admissions in the past 12 months.	3886	0
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	9	
	divided by	The average daily population in the past 12 months.	866	0
	(5)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months.	9	
	divided by	The number of admissions in the past 12 months.	3886	.0023
	(6)	Number of sanitation or health code violations identified by external agencies in the past 12 months.	312	
	divided by	The average daily population in the past 12 months.	866	.
	(7)	Number of health code violations corrected in the past 12 months.	292	
	divided by	The number of health code violations identified in the past 12 months.	312	.
	(8)	Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months.	0	
	divided by	The number of inmate's grievances related to safety or sanitation in the past 12 months.	0	0
	(9)	Number of fire code violations corrected in the past 12 months.	0	

	divided by	The number of fire code violations cited by jurisdictional authority in the past 12 months.	0	0
	(10)	Number of inmate injuries resulting from fires requiring medical treatment in a 12-month period.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(11)	Number of inmate injuries (other than by fire) requiring medical treatment in the past 12 months.	29	
	divided by	The average daily population of inmates in the past 12 months.	866	.0334
	(12)	Number of staff injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population of staff in the past 12 months.	866	0
	(13)	Number of staff injuries (other than fire) requiring medical treatment in the past 12 months.	45	
	divided by	The average daily population of staff in the past 12 months.	866	.0519
	(14)	Number of inmate lawsuits related to safety or sanitation found in favor of the inmate in the past 12 months.	1	
	divided by	The number of inmate lawsuits related to safety or sanitation in the past 12 months.	3	.3333
1B		Vehicles are maintained and operated in a manner that prevents harm to the community, staff, contractors, volunteers, and inmates.		
	(1)	Number of vehicle accidents resulting in property damage in the past 12 months.	3	
	divided by	The average daily population in the past 12 months.	866	.0034
	(2)	Number of vehicle accidents resulting in injuries requiring medical treatment for any party in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(3)	Amount dollar of damage from vehicle accidents in the past 12 months.	\$4,000	
	divided by	The average daily population in the past 12 months.	866	4.6189
1C		The number and severity of emergencies are minimized. When emergencies occur, the response minimizes the severity.		
	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	The number emergencies.	0	0
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	

	divided by	The number of emergencies caused by forces external to the facility.	0	0
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(6)	Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	The number of emergencies.	866	0
	(9)	Number of injuries resulting from fires requiring medical treatment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(10)	Number of fires that resulted in property damage in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(11)	Amount dollar of property damage from fire in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(12)	Number of code violations cited in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(14)	Number of incidents of inventory discrepancies in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0

2A	Outcome Measure	Numerator/Denominator	Value	Calculated O.M
		The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose risk of harm are prevented. The number and severity of events are minimized.		
	(1)	Number of incidents involving harm in the past 12 months.	79	
	divided by	The average daily population in the past 12 months.	866	.0912
	(2)	Number of incidents in the past 12 months involving harm.	79	
	divided by	The number of admissions in the past 12 months.	3886	.0203
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months.	50	
	divided by	The average daily population in the past 12 months.	866	.0577
	(4)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	50	
	divided by	The number of admissions in the past 12 months.	3886	.0128
	(5)	Number of unauthorized inmate absences from the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(6)	Number of instances of unauthorized access to the facility in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
2B		Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of property damage, or prevention of escape.		
	(1)	Number of instances in which force was used in the past 12 months.	198	
	divided by	The average daily population in the past 12 months.	866	.2286
	(2)	Number of instances in which force was used in the past 12 months.	198	
	divided by	The number of admissions in the past 12 months.	3886	.0509
	(3)	Number of times that staff use of force were found to have been inappropriate in the past 12 months.	0	
	divided by	The number of instances in which force was used.	198	0
	(4)	Number of inmate grievances filed alleging inappropriate use of force in the past 12 months.	16	
	divided by	The average daily population in the past 12 months.	866	.0184
	(5)	Number of grievances alleging inappropriate use of force decided in favor of inmate in the past 12 months.	0	
	divided by	The number of grievances alleging inappropriate use of force filed.	16	0
	(6)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0

2C		Contraband is minimized. It is detected when present in the facility.		
	(1)	Number of incidents involving contraband in the past 12 months.	148	
	divided by	The average daily population in the past 12 months.	866	.1709
	(2)	Number of incidents involving contraband in the past 12 months.	114	
	divided by	The number of admissions in the past 12 months.	3886	.0293
	(3)	Number of weapons found in the facility in the past 12 months.	39	
	divided by	The average daily population in the past 12 months.	866	.0450
	(4)	Number of controlled substances found in the facility in the past 12 months.	52	
	divided by	The average daily population in the past 12 months.	3886	.0133
	(5)	Number of controlled substances found in the facility in the past 12 months.	52	
	divided by	The number of admissions in the past 12 months.	3886	.0133
2D		Improper access to and use of keys, tools and utensils are minimized.		
	(1)	Number of incidents involving keys in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(2)	Number of incidents involving tools in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(3)	Number of incidents involving culinary equipment in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(4)	Number of incidents involving medical equipment and sharps in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
3A		Inmates comply with rules and regulations.		
	(1)	Number of rule violations in the past 12 months.	4,852	
	divided by	The average daily population in the past 12 months.	866	5.6027
	(2)	Number of assaults—inmate against inmate, inmate against staff in the past 12 months.	260	
	divided by	The average daily population in the past 12 months.	866	.0011
4A		Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary.		
	(1)	Number of documented inmate illnesses attributed to food service operations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(2)	Number of inmate grievances about food service decided in favor of the inmate the past 12 months.	3	
	divided by	The number of inmate grievances about food service in the past 12 months.	46	.0652
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months.	30	
		Divided by number of violations cited by independent authorities in the past 12 months.	312	.
4B		Inmates maintain acceptable personal hygiene practices.		

	(1)	Inmate grievances regarding inmate access to personal hygiene decided in favor of the inmate in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	8
	(2)	Number of inmate illnesses attributed to poor hygiene practices in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(3)	Number of inmates diagnosed with hygiene-related conditions (scabies, lice, or fungal infections) in the past 12 months.	776	
	divided by	The average daily population in the past 12 months.	866	.8960
	(4)	Number of inmate grievances related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate grievances related to hygiene in the past 12 months.	3	0
	(5)	Number of inmate lawsuits related to hygiene found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate lawsuits related to hygiene in the past 12 months.	0	0
4C		Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.		
	(1)	Number of inmates with a positive tuberculin skin test in the past 12 months.	100	
	divided by	The number of admissions in the past 12 months.	3886	.0025
	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	0	
	divided by	The number of tuberculin skin tests given in the past 12 months.	3159	0
	(4)	Number of inmates with a positive tuberculin skin test who completed prophylaxis treatment for tuberculosis in the past 12 months.	5	
	divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	9	.5555
	(5)	Number of Hepatitis C positive inmates in the past 12 months.	480	
	divided by	The average daily population in the past 12 months.	866	.5542
	(6)	Number of HIV positive inmates in the past 12 months.	55	
	divided by	The average daily population in the past 12 months.	866	.0000021
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	48	

	divided by	The number of known HIV positive inmates in the past 12 months.	55	.8727
	(8)	Number of inmates' diagnosis with an Axis I (excluding sole diagnosis of substance abuse) in the past 12 months.	212	
	divided by	The average daily population in the past 12 months.	866	.2448
	(9)	Number of inmate suicide attempts in the past 12 months.	6	
	divided by	The average daily population in the past 12 months.	866	.0069
	(10)	Number of inmate suicides in the past 12 months.	1	
	divided by	The average daily population in the past 12 months.	866	.0011
	(11)	Number of inmate deaths due to homicide in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(12)	Number of inmate deaths due to injuries in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(13)	Number of medically expected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(14)	Number of medically unexpected inmate deaths in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(15)	Number of inmate admissions to the infirmary (where available) in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(16)	Number of inmate admissions to off-site hospitals in the past 12 months.	55	
	divided by	The average daily population in the past 12 months.	866	.0635
	(17)	Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	193	
	divided by	The average daily population in the past 12 months.	866	.2228
	(18)	Number of inmate specialty consults completed in the past 12 months.	777	
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	521	1.4913
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	0	
	divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	0	0
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	89	
	divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	155	.5741
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	

	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	0
	(22)	Number of individual sick call encounters in the past 12 months.	38,821	
	divided by	The average daily population in the past 12 months.	866	44.8279
	(23)	Number of physician visits contacts in the past 12 months.	6004	
	divided by	The average daily population in the past 12 months.	866	6.9330
	(24)	Number of individualized dental treatment plans in the past 12 months.	881	
	divided by	The average daily population in the past 12 months.	866	1.0173
	(25)	Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	1058	
	divided by	The average daily population in the past 12 months.	866	1.2217
	(26)	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	296	
	divided by	The average daily population in the past 12 months.	866	.3418
	(27)	Number of incidents involving pharmaceuticals as contraband in the past 12 months.	52	
	divided by	The average daily population in the past 12 months.	866	.0600
	(28)	Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	0	
	divided by	The number of cardiac diets prescribed in the past 12 months.	0	0
	(29)	Number of hypertensive diets received by inmates with hypertension in the past 12 months.	139	
	divided by	The number of hypertensive diets prescribed in the past 12 months.	139	1
	(30)	Number of diabetic diets received by inmates with diabetes in the past 12 months.	57	
	divided by	The number of diabetic diets prescribed in the past 12 months.	57	1
	(31)	Number of renal diets received by inmates with renal disease in the past 12 months.	6	
	divided by	The number of renal diets prescribed in the past 12 months.	6	1
	(32)	Number of needle-stick injuries in the past 12 months.	3	
	divided by	The number of employees on average in the past 12 months.	87	.0344
	(33)	Number of pharmacy dispensing errors in the past 12 months.	0	
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	54,182	0
	(34)	Number of nursing medication administration errors in the past 12 months.	10	
	divided by	The number of medications administered in the past 12 months.	1225863	8.1575

4D		Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	21	
	divided by	The number of licensed or certified staff in the past 12 months.	926	.0226
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	35	
	divided by	The number of new employees in the past 12 months.	35	1
	(3)	Number of employees completing in-service training requirements in the past 12 months.	80	
	divided by	The number of employees eligible in the past 12 months.	80	1
	(4)	Number of MD staff who left employment in the past 12 months.	8	
	divided by	The number of authorized MD staff positions in the past 12 months.	2	4
	(5)	Number of RN staff who left employment in the past 12 months.	14	
	divided by	The number of authorized RN staff positions in the past 12 months.	8	1.75
	(6)	Number of LPN staff who left employment in the past 12 months.	1	
	divided by	The number of authorized LPN staff positions in the past 12 months.	9	.1111
	(7)	Number of medical records staff who left employment in the past 12 months.	0	
	divided by	The number of medical records staff positions in the past 12 months.	0	0
	(8)	Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months.	2	
	divided by	Average daily population in the past 12 months.	866	.0023
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	866	0
0	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	1	
	divided by	Average daily population in the past 12 months.	866	.0011
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	
	divided by	Average daily population in the past 12 months.	866	0
	(12)	Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months.	322	
	divided by	Average daily population in the past 12 months.	866	.3718
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	85	
	divided by	Average daily population in the past 12 months.	866	.9815

5A		Inmates have opportunities to improve themselves while confined.		
	(1)	Number of inmates who passed GED exams while confined in the past 12 months.	37	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	730	.0506
	(2)	Total number of grade levels advanced by inmates in the past 12 months.	20	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	730	.0273
	(3)	Number of certificates of vocational competency awarded to inmates in the past 12 months.	242	
	divided by	The number of inmates who were sentenced to the jail for 6 months or more in the past 12 months.	730	.3315
5B		Inmates maintain ties with their families and the community.		
		NONE		
5C		The negative impact of confinement is reduced.		
		NONE		
6A		Inmates' rights are not violated.		
	(1)	Total number of inmate grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm.	87	
	divided by	The average daily population in the past 12 months.	866	.1004
	(2)	Number of inmate grievances (see [a] through [e] above) decided in favor of inmates in the past 12 months.	5	
	divided by	The total number of grievances filed in the past 12 months.	1017	.0049
	(3)	Total number of inmate court suits alleging violation of inmate rights filed against the facility in the past 12 months.	6	
	divided by	The average daily population in the past 12 months.	866	.0069
	(4)	Number of inmate court suits alleging violation of inmate rights decided in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate suits filed in the past 12 months.	6	0
6B		Inmates are treated fairly.		
	(1)	Number of inmate grievances regarding discrimination in the past 12 months.	21	
	divided by	The average daily population in the past 12 months.	866	.0242
	(2)	Number of inmate grievances regarding discrimination resolved in favor of inmates in the past 12 months.	0	
	divided by	The total number of inmate grievances filed regarding discrimination in the past 12 months.	21	0
	(3)	Number of grievances resolved in favor of inmates in the past 12 months.	174	
	divided by	The average daily population in the past 12 months.	866	.2009
	(4)	Number of grievances resolved in favor of inmates in the past 12 months.	174	
	divided by	The total number of inmate grievances filed in the past 12 months.	1017	.1710

	(5)	Number of court malpractice or tort liability cases found in favor of the inmate in the past 12 months.	0	
	divided by	The number of court malpractice or tort liability cases in the past 12 months.	6	0
6C		Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.		
	(1)	Number of disciplinary incidents resolved informally in the past 12 months.	207	
	divided by	The average daily population in the past 12 months.	866	.2390
	(2)	Number of formal inmate disciplinary decisions that were appealed in the past 12 months.	134	
	divided by	The total number of disciplinary decisions made in the past 12 months.	2,093	.0640
	(3)	Number of appealed disciplinary decisions decided in favor of the inmate in the past 12 months.	3	
	divided by	The total number of disciplinary decisions made in the past 12 months.	2,093	.0014
	(4)	Number of grievances filed by inmates challenging disciplinary procedures in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(5)	Number of disciplinary-related grievances resolved in favor of the inmate in the past 12 months.0	00	
	divided by	The total number of disciplinary-related grievances filed in the past 12 months.	9	0
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months.	0	
	divided by	The total number of court decisions regarding discipline decided in the past 12 months.	0	0
	(8)	Number of rule violations in the past 12 months.	4,852	
	divided by	The average daily population in the past 12 months.	866	5.0627
	(9)	Number of inmates terminated from the facility due to rule violations in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	
6D		Inmates take responsibility for their actions.		
	(1)	Number of inmates released in the past 12 months who made regular payments toward their restitution obligations.	0	
	divided by	The number of inmates who had restitution obligations in the past 12 months.	0	0
	(2)	Number of inmates who satisfy their court cost/fines obligations in the past 12 months.	0	
	divided by	The number of inmates who had court cost/fine obligations in the past 12 months.	0	0
	(3)	Total amount of restitution paid by inmates in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0
	(4)	Total number of hours of community service donated by inmates in the past 12 months.	0	
	divided by	The average daily population in the past 12 months.	866	0

	(5)	Total number of inmates who participated in restitution in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	4,060	0
	(6)	Total number of inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	4,060	0
	(7)	Total number of inmates who participated in victim awareness programs in the past 12 months.	140	
	divided by	The total number of inmates housed in the past 12 months.	4,060	.0344
	(8)	Total amount of restitution paid by inmates in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months	866	0
	(9)	Total number of hours delivered by inmates who participated in community service work in the past 12 months.	0	
	divided by	The total number of inmates housed in the past 12 months.	4.060	0
7A		The facility operates as a legal entity.		
		NONE		
7B		Staff, contractors, and volunteers demonstrate competency in their assigned duties.		
	(1)	Total number of years of staff members' education as of the end of the last calendar year.	Not tracked	
	divided by	The number of staff at the end of the last calendar year.	658	0
	(2)	Number of staff who left employment for any reason in the past 12 months.	50	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	650	.0769
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months.	Not tracked	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	650	0
	(4)	Number of professional development events attended by staff in the past 12 months.	Not tracked	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	658	0
7C		Staff, contractors, and volunteers are professional, ethical and accountable.		
	(1)	Number of incidents in which staff was found to have acted in violation of facility policy in the past 12 months.	29	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	650	.0446
	(2)	Number of staff terminated for conduct violations in the past 12 months.	2	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	650	.0030
	(3)	Number of inmate grievances attributed to improper staff conducts which were upheld in the past 12 months.	17	

	divided by	The number of inmate grievances alleging improper staff conduct filed in the past 12 months.	282	.0602
	(4)	Number of inmate grievances attributed to improper staff conduct which were upheld in the past 12 months.	17	
	divided by	The average daily population for the past 12 months.	866	.0196
	(5)	Where staff is tested, the number of staff substance abuse tests failed in the past 12 months.	1	
	divided by	The number of staff substance abuse tests administered in the past 12 months.	656	.0015
	(6)	Number of staff terminations for violation of drug-free work policy in the past 12 months.	0	
	divided by	The number of staff terminations in the past 12 months.	2	0
	(7)	The average number of physicians employed in the past 12 months.	6	
	divided by	The number of physician positions authorized in the past 12 months.	6	1
	(8)	The average number of nurses employed in the past 12 months.	63	
	divided by	The number of nurse positions authorized in the past 12 months.	63	1
	(9)	The average number of mid-level health care practitioners employed in the past 12 months.	88	
	divided by	The number of mid-level health care practitioner positions authorized in the past 12 months.	88	1
	(10)	The average number of ancillary health care staff employed in the past 12 months.	16	
	divided by	The number of ancillary health care staff positions authorized in the past 12 months.	16	1
7D		The facility is administered efficiently and responsibly.		
	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures).	0	
	divided by	The budget for the past 12 months.	115037962\$	0
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit.	0	
		NONE		
	(3)	Number of grievances filed by inmates regarding their records or property in the past 12 months.	125	
	divided by	The average daily population in the past 12 months.	866	.1443
	(4)	Number of inmate grievances (records/property) decided in favor of inmates in the past 12 months.	14	
	divided by	The total number of inmate grievances (records/property) in the past 12 months.	125	.112
	(5)	Number of objectives achieved in the past 12 months.	4	
	divided by	The number of objectives for the past 12 months.	5	
	(6)	Number of program changes made in the past 12 months.	1	
	divided by	The number of program changes recommended in the past 12 months.	1	1
	(7)	Number of problems identified by internal health care review that were corrected in the past 12 months.	9	
	divided by	The number of problems identified by internal health care review in the past 12 months.	9	1

7E		Staff are treated fairly.		
	(1)	Number of grievances filed by staff in the past 12 months.	7	
	divided by	The number of full-time equivalent staff positions in the past 12 months.	650	.0107
	(2)	Number of staff grievances decided in favor of staff in the past 12 months.	7	
	divided by	The total number of staff grievances in the past 12 months.	13	.5384
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year.	9,390	
	divided by	The number of staff at the end of the last calendar year (e.g. average number of years experience).	685	13.7080
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months.	0	
	divided by	The number of staff termination or demotion hearings requested in the past 12 months.	0	0
7F		The facility is a responsible member of the community.		
	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months.	18,559	
	divided by	The average daily population of inmates in the past 12 months.	866	21.4284
	(2)	Total number of individual community members who provided voluntary service in the past 12 months.	567	
	divided by	The average daily population of inmates in the past 12 months.	866	.6651
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	866	0
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months.	7	
	divided by	The average daily population of inmates in the past 12 months.	866	.0080
	(5)	Total number of complaints from the community in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	866	0
	(6)	Total number of hours of community service work delivered by inmates in the past 12 months.	0	
	divided by	The average daily population of inmates in the past 12 months.	866	0